STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155732	A. BUILDING 00 B. WING	09/21/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVEROAKS HEALTH CAMPUS	1244 VAIL ST PRINCETON, IN47670

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000	This visit was for the Investigation of Complaint IN00095284. Complaint IN00095284- Substantiated, Federal/State deficiencies are cited at F323. Survey dates: September 20 and 21, 2011 Facility number: 004130 Provider number: 155732 AIM number: 200491050 Survey team: Anne Marie Crays, RN Census bed type: SNF: 14 SNF/NF: 44 Residential: 30 Total: 88 Census payor type: Medicare: 12 Medicaid: 20 Other: 56 Total: 88 Sample: 4 This deficiency also reflects state findings	F0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	cited in accordance with 410 IAC 16.2. Quality review completed on September 22, 2011 by Bev Faulkner, RN			
F0323 SS=D	The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on interview and record review, the facility failed to ensure manufacturing guidelines on an alternating air-flow mattress were utilized, resulting in the resident falling from bed, for 1 of 3	F0323	Resident B no longer resides at the facility as stated in the 2567. There were no other residents affected by the alleged deficient practice and through provision of siderails on beds of	10/10/2011

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	residents reviewed for falls in a sample of 4. Resident B Findings include: The closed clinical record of Resident B was reviewed on 9/20/11 at 1:30 P.M. Diagnoses included, but were not limited to, Weakness of bilateral legs and Brain Metastases from Breast Cancer. A Nursing Admission Assessment, dated 7/26/11, indicated: "...Mobility and ADL's [activities of daily living]...Transfers Dep [dependent] Assist x 2...Bed Dep Assist x 1...Safety, Needs Half [bedrails], Alarm type: clip...used for the following medical condition(s): Impaired cognition related to: x 72 hrs then reeval...Uses side rails to position self in bed: [with] assist [yes]...." A physician's order, dated 7/27/11, indicated low air loss mattress to bed at all times. A Nurses Note, dated 7/31/11 at 3:40 A.M., indicated, "Res [resident] found on floor moaning, wrapped in blankets. [Alert and oriented]. Abrasion noted above [right] eyebrow et [and] bruise [right] forehead. [Name of physician] notified. NNO [no new orders]." A "Fall Circumstance, Assessment, and		all those with specialty mattresses if indicated will ensure manufacturer recommendations are followed.Directed inservice will be provided to nursing staff on manufacturer guidelines and requirements of all speciality mattresses in use.Systemic change will include a binder that contains all manufacturer's guidelines for mattresses in use.DHS or her designee will monitor/update binder and audit guidelines of mattresses in use daily.Results of monitoring and a list of all specialty mattresses in use will be forwarded to QA committee monthly for the next twelve (12) months.	

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	Investigation," dated 7/31/11, indicated: "...Found on floor, Injury: Bruising, Abrasion, Hit head...Non-verbal signs of pain: wincing, moaning, Location: [Right] eyebrow/forehead...Res doesn't move, low air loss mattress in place...Prevention Update...Bed in low position, 1/2 side rails...." On 9/21/11 at 10:00 A.M., during interview with the Director of Nursing (DON), she indicated the resident was on an alternating pressure mattress. The DON indicated the staff heard her call out, and found the resident on the floor, wrapped in her blankets. The DON indicated the resident did not have much movement on her own, and it was unclear how the resident fell. The DON indicated the resident must have just slid off the bed. The DON indicated the staff had informed her the resident was lying on her back prior to the fall, and she did not think the resident was lying too close to the edge of the bed. The DON indicated side rails were placed on the bed following the fall. On 9/21/11 at 11:10 A.M., the DON provided an accident/incident report for Resident B. The report indicated: "...What measures were taken to prevent this from happening again? [Change] to bed [with] 1/2 SR [siderails]...." The DON was			

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	requested at that time to provide the manufacturer's instructions for the type of mattress that Resident B was utilizing at the time of her fall. On 9/21/11 at 11:55 A.M., during an interview with RN # 1, she indicated she asked, "How did she fall? She didn't move." RN # 1 indicated the resident did not have siderails at the time of the fall, and the mattress was "kind of slick." RN # 1 indicated, "We've had some problems with those mattresses in the past, so now we know to put the siderails up." On 9/21/11 at 12:10 P.M., during interview with Physical Therapy [PT] staff # 1, she indicated Resident B did not move by herself in bed, and could not have rolled out on her own. PT # 1 indicated, "1/2 rails were added after she fell." On 9/21/11 at 12:45 P.M., the DON indicated she was unable to find the manufacturer's guidelines for the Panacea mattress. The DON indicated she and the supply clerk had searched for the guidelines and that she had even attempted to look on the Internet. The DON indicated she had called the supply company to send the information, but the mattresses apparently were not sold anymore.			

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	On 9/21/11 at 1:45 P.M., the DON provided the manufacturer's guidelines for the Panacea mattress. The guidelines included: "...Warnings - 1. Failure to comply with all directions and warnings may result in injury or death; use only as directed. 2. This product is not suitable for all individuals...Note - this product is designed to assist in the prevention and treatment of pressure ulcers and may require other equipment. This may include, but is not limited to: 1. Bed rails for repositioning and fall prevention...This product is not designed to replace good care giving practices including, but not limited to: Direct patient and resident supervision; Adequate care plans and training for staff personnel for entrapment and fall prevent. [sic] Inspection and testing before use...." This Federal tag relates to Complaint IN00095284. 3.1-45(a)(1)			

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